

Application for Death Certificate

SUBMIT TO:

Memphis and Shelby County Health Department
Vital Records – Room 103
814 Jefferson Avenue
Memphis, TN 38105



Send Legal Fee of \$7.00 (Seven Dollars) For Each Copy Requested.

*It is unlawful to willfully and knowingly
make any false statement on this application.*

DATE _____

Name of Deceased _____

Date of Death _____

SEX _____ RACE _____ AGE (at death) _____

Place of Death (hospital or city or residence) _____

Name of Funeral Home _____

Location of Funeral Home City _____

State _____ Zip Code _____

Your Name _____ Your Signature _____

Please Print

Your Relationship to Deceased Purpose of Copy _____

Do You Want the Cause of Death To Show: YES _____ NO _____

Address of Person Making Request

City _____ State _____ Zip _____

Number of Copies _____ Method of Payment: Check _____ Money Order _____

Amount Enclosed _____

Vital Records Clerk _____ Date _____

Mission

To promote, protect and improve the health and environment of all Shelby County residents.